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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/92607	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IN	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51							
2		/					52							
3		/					53							
4	/						54							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	12													
TOTAL DEP.														
TOTAL CLAIMS	18													

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS